BEST AVAILABLE COPY

AFTER

2 MAMENDMENT

IND. DEP.

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

PTO - 1360 (REV. 11/04)

SERIAL NO.

10/540 030

APPLICANT(S)

FILING DATE

| CLAIMS | | | | | | | | | | | | | | |
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